## Individual Health Care Plan (IHCP)

Individual Health Care Plan (IHCP) for	Allergens
PROBLEM: Risk for anaphylaxis GOAL: Prevent allergic reactions from occurring and ensure student safety at school	
Parent (please answer the questions below):	Teacher Responsibilities
<ol> <li>I would like my child's emergency medication kept in:</li> <li>□ The nurse's office □ Nurses' office and classroom</li> </ol>	□Keep a copy of the student's Emergency Action Plan and IHCP in the classroom sub folder.
2 Does your child require an allergen free eating area?  □ Yes □ No	□ Inform parents of the allergic student in advance of any in-class events where food will be served.
3. I would like to accompany my child on field trips when exposed to their allergen. $\square$ Yes $\square$ No	□Ensure that food or products containing the student's allergens are not used for class projects, science experiments, or celebrations.
4. My child should wash his/her hands with soap and water or use a cleansing wipe before eating.  □ Yes □ No	□ If the parent of a student with a food allergy is not attending a field trip, the student will be assigned to a staff member who has been trained to implement the Emergency Action Plan and is carrying the emergency medication.
5. I will provide a shelf-stable allergen free snack that will be available in the classroom if needed.  □ Yes □ No	□Plan for the following on field trips: oversee cleaning the table of the student with food allergies before eating, ensure the student with the food allergy washes his/her hands before eating, ensure the student with the food allergy eats only allergen free food or food supplied by the parent, carry a cell phone to call 911 if
Please list other accommodations needed at school:	needed, and review the Emergency Action Plan before the field trip.
	□ Implement accommodations that parent indicated, "yes" in parent section.

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Principal Responsibilities	School Nurse Responsibilities
□ Ensure there are walkie-talkies available to playground and P E. staff.  □ Delegate proper cleaning of the allergen free area in the lunchroom and classroom (when the classroom is used as a lunchroom).  □ Prohibit sharing or trading food at school.  □ Encourage students to bring healthy snacks to school and avoid bringing snack made with peanuts or nuts.  □ Ensure student has an allergen free area available in the lunchroom if parent indicated an allergen free area is needed (see parent section).  The Individual Health Care Plan has been reviewed and signed by:	□ Educate all staff that interacts with the student about food allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with classroom teacher prior to field trips as needed.  □ Ensure access to emergency medication when developing plans for fire drills, lockdowns, etc.  □ If student rides the bus, provide a copy of the Emergency Action Plan to the bus driver.  □ A copy of the student's Emergency Action Plan and IHCP will be distributed on a need to know basis.
Parent signature	Date
This document was reviewed with parent/guardian via (meeting ty	on (date)
Nurse signature	 Date

The Emergency Action Plan and Individual Health Care Plan will be distributed to staff on a need to know basis.

A copy of the Emergency Action Plan will be given to the bus driver if the student uses bus transportation.